MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107069302

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			☆		☆		☆	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51				1		
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16	1						66						
17		1					67						
18		1					68						
19		1					69						
20							70						
21				1			71						
22				1			72						
23				1			73						
24				1			74						
25				1			75						
26				1			76						
27				1			77						
28				1			78						
29				1			79						
30				1			80						
31				1			81						
32				1			82						
33				1			83						
34				1			84						
35				1			85						
36				1			86						
37				1			87						
38				1			88						
39			1				89						
40				1			90						
41				1			91						
42				1			92						
43				1			93						
44				1			94						
45			1				95						
46				1			96						
47				1			97						
48				1			98						
49				1			99						
50				1			100						
TOTAL IND.	2						TOTAL IND.			3			
TOTAL DEP.	17						TOTAL DEP.			29			
TOTAL CLAIMS	19						TOTAL CLAIMS			32			

☆ MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)